

Presentation Evaluation

Title of Activity: Chronic Pain Management

Date: September 18, 2004

Please indicate your profession by checking one: ☐ MD ☐ RN ☐ NP ☐ PA ☐ Other: _____
(please specify)

If 5 is the highest, best, or most, and 1 is the least, lowest, or worst, please rate the following:

1. Please evaluate the speaker(s):

Name of Presenter(s)	Expertise of presenter	Appropriateness of teaching strategies
<u>Anthony Dekker, DO</u>	1 2 3 4 5	1 2 3 4 5

2. Please comment about the above presenter(s): _____

3. How would you rate the extent to which you can meet the following objectives?

A. <u>Evaluate patients with chronic pain</u>	1 2 3 4 5
B. <u>Document pain assessments and patient education c/w JCAHO standards</u>	1 2 3 4 5
C. <u>Understand pharmacologic and nonpharmacologic interventions</u>	1 2 3 4 5

4. Please rate the extent to which the above objectives were related to the overall purpose/goal(s) of the activity. 1 2 3 4 5

5. How would you rate the appropriateness of the meeting facilities (including meeting room(s), location, food, etc)? 1 2 3 4 5

Please comment: _____

6. Other comments: _____

7. Please list topics you would like to hear in the future. _____
